

Image

1637

PTO/SB/21 (08-03)

Approved for use through 08/30/2003. OMB 0651-0034  
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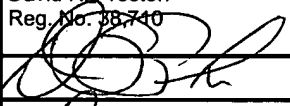
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<b>OFFICE OF SCIENCE TRANSMITTAL FORM</b> (to be used for all correspondence after initial filing)	Application Number	09/914,149	
	Filing Date	Dec 19, 2001	
	First Named Inventor	GEBAUER, F	
	Art Unit	1637	
	Examiner Name	STRZELECKA, Teresa	
Total Number of Pages in This Submission	15	Attorney Docket Number	ANP-131.P.1-US

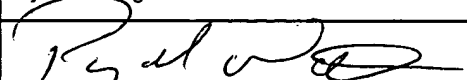
**ENCLOSURES (Check all that apply)**

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance communication to Technology Center (TC)
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<b>Remarks</b> 1. Postcard	
<input type="checkbox"/> Response to Missing Parts/Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

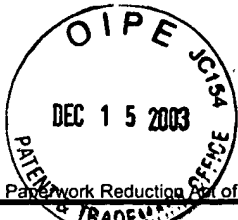
Firm or Individual name	David R. Preston Reg. No. 38,740
Signature	
Date	Dec 10, 2003

**CERTIFICATE OF TRANSMISSION/MAILING**

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.			
Typed or printed name	Raymond Wagenknecht		
Signature		Date	12/10/2003

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PTO/SB/17 (01-03)

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# FEE TRANSMITTAL for FY 2003

Effective 01/01/2003. Patent fees are subject to annual revision.

☒ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 420.00)

**Complete if Known**

Application Number	09/914,149
Filing Date	Dec 19, 2001
First Named Inventor	GEBAUER
Examiner Name	STRZELECKA, Teresa
Art Unit	1637
Attorney Docket No.	ANP-131.P.1-US

**METHOD OF PAYMENT (check all that apply)**☒ Check ☐ Credit card ☐ Money Order ☐ Other ☐ None☒ Deposit Account:Deposit  
Account  
Number  
Deposit  
Account  
Name

501321

David R. Preston

The Commissioner is authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☒ Credit any overpayments☒ Charge any additional fee(s) during the pendency of this application☐ Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.**FEE CALCULATION****1. BASIC FILING FEE**

Large Entity Fee Code	Small Entity Fee Code	Fee Description	Fee Paid
1001 750	2001 375	Utility filing fee	
1002 330	2002 165	Design filing fee	
1003 520	2003 260	Plant filing fee	
1004 750	2004 375	Reissue filing fee	
1005 160	2005 80	Provisional filing fee	
SUBTOTAL (1)			(\$ 0.00)

**2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE**

	Extra Claims	Fee from below	Fee Paid
Total Claims	-20** =	X	
Independent Claims	-3** =	X	
Multiple Dependent			

Large Entity Fee Code	Small Entity Fee Code	Fee Description
1202 18	2202 9	Claims in excess of 20
1201 84	2201 42	Independent claims in excess of 3
1203 280	2203 140	Multiple dependent claim, if not paid
1204 84	2204 42	** Reissue independent claims over original patent
1205 18	2205 9	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$ 0.00)

\*\*or number previously paid, if greater; For Reissues, see above

**FEE CALCULATION (continued)****3. ADDITIONAL FEES**

Large Entity Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
1051 130		2051 65		Surcharge - late filing fee or oath	
1052 50		2052 25		Surcharge - late provisional filing fee or cover sheet	
1053 130		1053 130		Non-English specification	
1812 2,520		1812 2,520		For filing a request for <i>ex parte</i> reexamination	
1804 920*		1804 920*		Requesting publication of SIR prior to Examiner action	
1805 1,840*		1805 1,840*		Requesting publication of SIR after Examiner action	
1251 110		2251 55		Extension for reply within first month	420.00
1252 410		2252 205		Extension for reply within second month	
1253 930		2253 465		Extension for reply within third month	
1254 1,450		2254 725		Extension for reply within fourth month	
1255 1,970		2255 985		Extension for reply within fifth month	
1401 320		2401 160		Notice of Appeal	
1402 320		2402 160		Filing a brief in support of an appeal	
1403 280		2403 140		Request for oral hearing	
1451 1,510		1451 1,510		Petition to institute a public use proceeding	
1452 110		2452 55		Petition to revive - unavoidable	
1453 1,300		2453 650		Petition to revive - unintentional	
1501 1,300		2501 650		Utility issue fee (or reissue)	
1502 470		2502 235		Design issue fee	
1503 630		2503 315		Plant issue fee	
1460 130		1460 130		Petitions to the Commissioner	
1807 50		1807 50		Processing fee under 37 CFR 1.17(q)	
1806 180		1806 180		Submission of Information Disclosure Stmt	
8021 40		8021 40		Recording each patent assignment per property (times number of properties)	
1809 750		2809 375		Filing a submission after final rejection (37 CFR 1.129(a))	
1810 750		2810 375		For each additional invention to be examined (37 CFR 1.129(b))	
1801 750		2801 375		Request for Continued Examination (RCE)	
1802 900		1802 900		Request for expedited examination of a design application	

Other fee (specify)

\*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$ 420.00)

**SUBMITTED BY**

Name (Print/Type)

David R. Preston

Registration No.  
(Attorney/Agent)

38,710

(Complete if applicable)

Telephone 858-724-0375

Signature

Date

Dec 19, 2003

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